

10/3/88 noon

N

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 9/26/88

DATE SYSTEM APPROVED 10-5-88

TAX ID # 05-407532

INSPECTOR S. Abel

T & R Plumbing and Heating, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 9921 Washington Blvd., Laurel, Maryland 20707 PHONE 725-2392

SUBDIVISION Waterford ROAD 12910 Wexford Park LOT 13, Section 2

PROPERTY OWNER John Flaherty

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet down the left (542.49') lot line from the rear left corner and 20 feet off the left lot line as seen when facing the lot from Wexford Park. Run trenches on contour toward the rear lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Sid Abel Updated DATE 5/25/88

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**BUILDING PERMIT SIGNED
AND RETURNED**

8403 800 143367 - CARABE
930-01 800 50579 - DECK

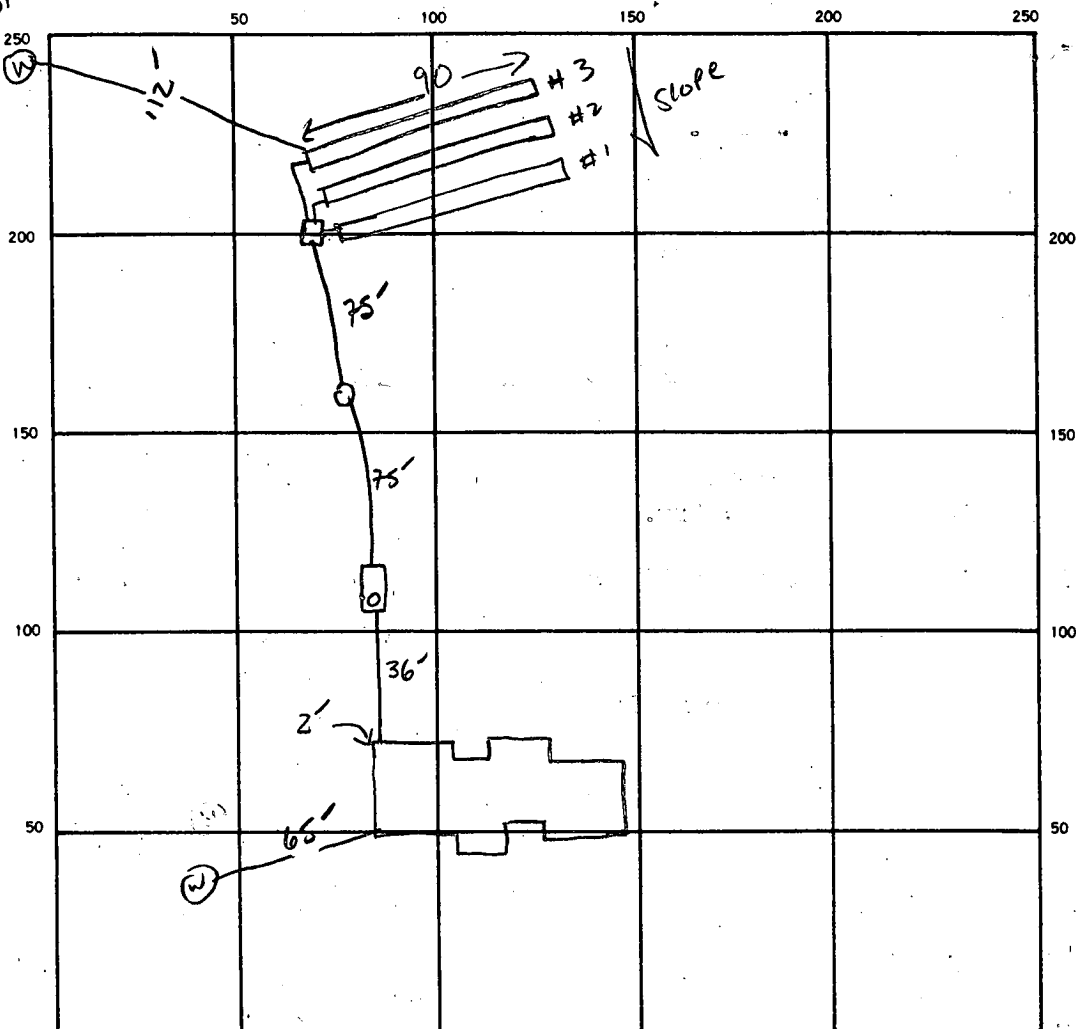
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 34969

Well lot 14



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK, LEVEL ☒ CLEANOUTS ☒ ST + INLINE

DISTRIBUTION BOX, LEVEL ☒

DRAIN FIELD (TILE FIELD) DEPTH 6 6 6 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 5 4 5 5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 each FT. TOTAL LENGTH 90 90 90 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 810 SQ. FT.

DRYWELL INSIDE DIAMETER BUILT FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 810 SQ. FT.

REMARKS: 9-28-88 - ST TOO FAR FROM HOUSE - CREATING INLET AT TRENCHES OF 7.5' (TOO DEEP)

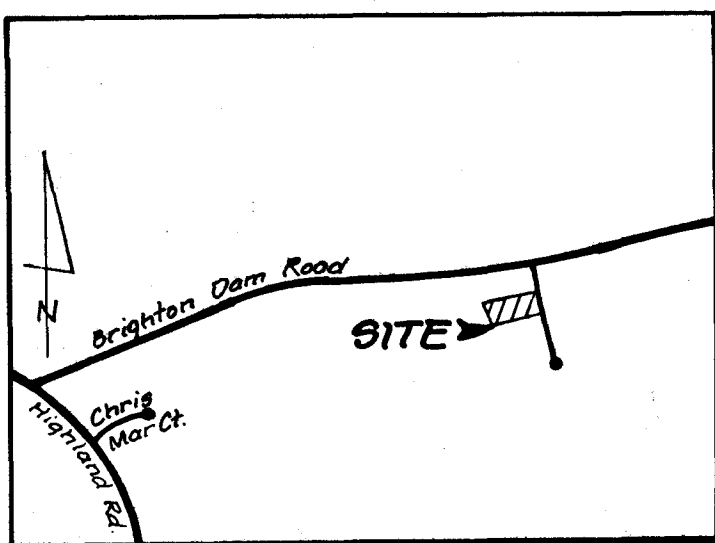
MUST EITHER MOVE TANK BACK TO ORIGINAL DESIGN OR DUAL PUMP SYST. S. AHL

10-3-88 CONTINUE WORK - 3-90' TRENCHES NEEDED - WELL ON LOT 14 BEING DRILLED 100'

AWAY FROM HIGH TRENCH. S. AHL

DATE SYSTEM APPROVED 10-5-88

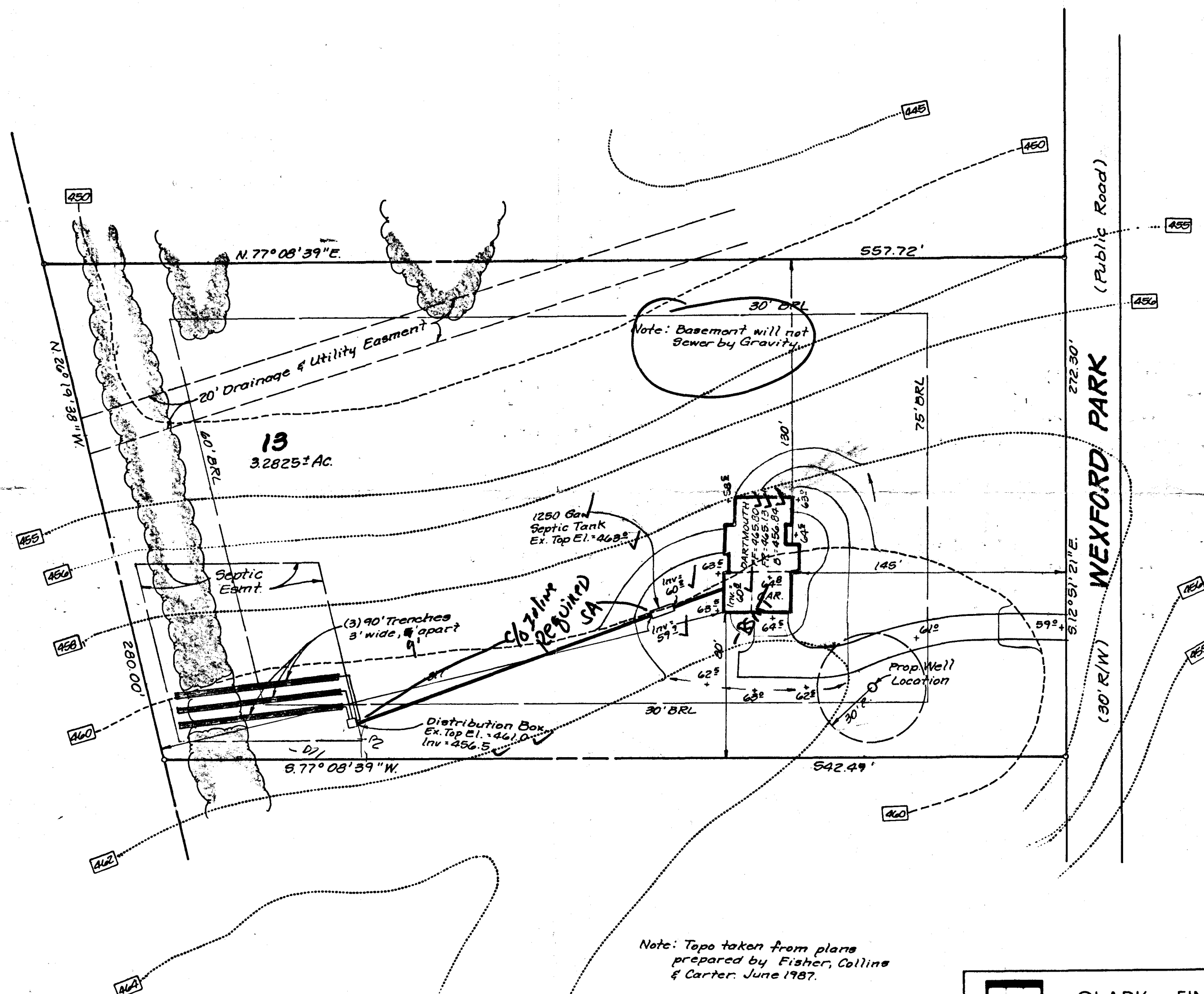
INSPECTOR S. AHL



VICINITY MAP
Scale: 1" = 1200'

LEGEND

1. Contour Interval 2 FT
2. Proposed Contour 310
3. Exist. Contour 310
4. Direction of Drainage +085
5. Spot Elevation
6. Trees to be Saved
7. Walk-Out Basement



5-25-88
elevation
OK

BLDG. PERMIT SIGNED
AND RETURNED 5-25-88

BP 18757
Sabe

CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS		SCALE 1" = 50'
DESIGNED LJG	• SITE DEVELOPMENT PLAN LOT 13 WATERFORD SECTION 2 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	
DRAWN LJG	JOB NO. 88-067	
CHECKED JME	FILE NO. 88-067X	
DATE April 1988	FOR: John Flaherty % Winchester Homes, Inc. 6305 Ivy Lane, Suite 700 Greenbelt, Maryland 20770	

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # 42650
Date 9/26/88

Name of Installer T & R Plumbing & Heating

Telephone (301) 725-2392

License Number 7079

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner John Flaherty

Telephone 490-2082

Subdivision Waterford Lot # 13

Well Tag # 410-81-240

Site Address 12910 WEXFORD PARK

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make JACUZZI
3. Model #
4. Capacity 10 GPM

Motor

1. Horsepower
2. RPM
3. Voltage
 - a. 110 ☐
 - b. 220 ☒

Pitless Adapter

1. Make Harvard
2. Model #
3. Depth

5. Pump exceeds well capacity Yes ☒ No ☐
6. If Yes, is low pressure cutoff switch installed? Yes ☒ No ☐
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☐ Other ☐

Tank

1. Capacity 42 gal Equiv.
2. Pressure relief valve? yes

Piping

1. Type Crestlon
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 4'

Well data

1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 9/22/88

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

5911 (OEP USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER

A-34969

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 9 10 11 12 13

051088

22 200 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
HC-81-8110

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use
additional sheets if needed)

FEET
FROM TO

Check
if water
bearing

Top Soil 0 1
Red shale 1 16
Br. mica 16 30
Gravelly mica 30 70
Gray mica 70 200

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 65

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 27 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

ST 6 30
60 61 63 64 65 66 67 68 69 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING

screen type
or open hole

SCREEN RECORD

insert
appropriate
code
below

ST BR HO
STEEL BRASS OPEN
HOLE
PL OT
PLASTIC OTHER

C 2

DEPTH (nearest ft.)
1 140 30 200
8 9 11 15 17 21
23 24 26 30 32 36
38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

OEP USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) WQ
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 30

WHEN PUMPING 49

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:

CAPACITY:
GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (nearest foot) 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST
OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman,
responsible for sitework if different from permittee)

Review _____

FIELD DATA SHEET

Well Driller GEORGE EASTERDAY Owner FLAHERTY, JOHN

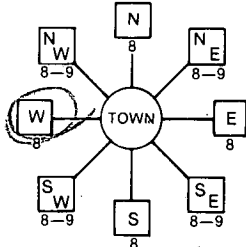
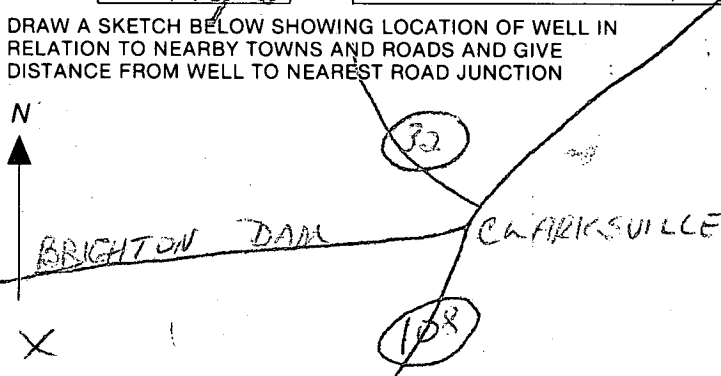
Static water level (S.W.L.) below M.P.

I. High rate pumping -- reservoir drawdown

Total time	to reach pumping water level	ft. below M.P.
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II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1 2 3 4 5 6 6082 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-81-21110 fill in this form completely
Date Received [] [] [] [] [] [] OWNER INFORMATION 15 Last Name BRIGATON 13 Owner LOWRIE SARGENT First Name 36 Street or RFD SHADY GROVE 55 57 Town COLUMBIA 70 State 72 MD 74 Zip 21044 76		B 3 LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION MATERFORD 42 SECTION 2 44 46 LOT 13 48 50 52 NEAREST TOWN CLARKSVILLE 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78 MI	
DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. Firm Name 5265 Br. Ch. Rd., Mt. Airy, Md. 21771 Address Signature <i>George F. Easterday</i> Date 3/30/87		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  Brighton Dams Rd/ 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 200 37 DISTANCE FROM ROAD ENTER FT or MI FT	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A34969 COUNTY NO. OEP SIGNATURE _____ STATE HEALTH INSERT S ☐ DATE ISSUED 060587 43 CO-SIGNATURE B. Nifon 48 EXR DATE 12/05/87 63 NORTH GRID 498000 50 55 EAST GRID 0911000 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☐ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) ☒ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 80011 N 4908	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		5-10-88 NO one at grout 3/11/88 JEN 35' open hole 10' bags	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> 30 <u>AIR-ROTary</u> 37 <u>AIR-PERcussion</u> <u>ROTARY</u> (Hydraulic Rotary) <u>CABLE</u> <u>REVERSE-ROTary</u> <u>Drive-POINT</u> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 [] [] [] [] [] [] [] [] [] [] 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER [] [] [] [] G A P [] [] 54 63 FORCE BA 167-68 WRITE INITIALS IN BOX PERMIT NO. HO-81-21110 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS 6/10/88 OK to convert to "D" (household use). SPD now approved			

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 34969

P _____

DISTRICT 5th ELECTION

DATE 2.14.85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER HUNTINGTON INTERNATIONAL CORPORATION JOHN Flaherty

ADDRESS 4951 ROCKWOOD PARKWAY NW, WASH, DC 20016 PHONE (202) 659-2474

PROPERTY LOCATION: WATERFORD
SUBDIVISION HUNTINGTON ESTATES Section 2 LOT NO. DX 92 LOT 13 ^{Section}

ROAD AND DESCRIPTION ON BRIGHTON ROAD, 1800' WEST OF TEN OAKS ROAD INTER-
SECTION 12910 WEXFORD PARK

SIZE OF LOT 2.80 AC[±] 3.27 AC[±] TYPE BLDG. SINGLE FAMILY DWELLING
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Charles J. Connell

(SIGNATURE OF APPLICANT)

APPROVED BY Sickel FOR Shallow test fields DATE 4-1-87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

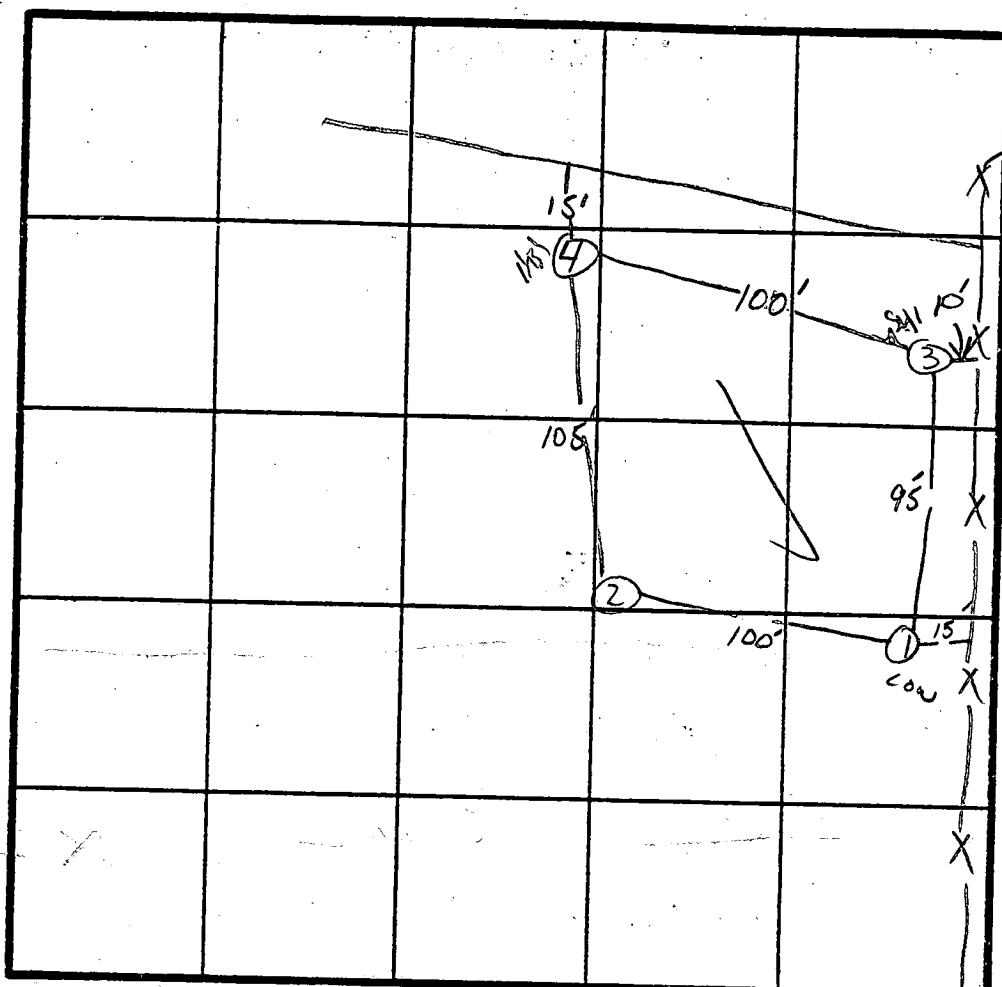
REASONS FOR REJECTION OR HOLDING 4-1-85 Perc. Satisfactory, Hold for certified hole location,
house and well site subdivision plat. SYSTEM TEST Other
Shallow System only S. Act 12/13/85

BLDG. PERMIT SIGNED
AND RETURNED 5-25-88
BP18759 SAH

THIS IS NOT A PERMIT

6" 4' A-3
RED BROWN
CLAY LOAM
CLIO %
SAPROLITE
WHITE
BROWN SILT
SAND CLIO %
SAPROLITE

6' 6" ②
AI-3
RED BROWN
CLAY LOAM
100% SAPROLITE
5' 1
WHITE BROWN
Silty SAND
10-20%
SAPROLITE



→ Approx
Property
LINE

$\bar{X}$ Perc Time
9 min
INLET 4.5'
BOTTOM 6.0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
BRIGADON DAM Rd

[illegible]

REMARKS 452m FIRST CONC. AREA high PART of LOT. - Shallow SYSTEM
TYPE OF SOIL ONLY

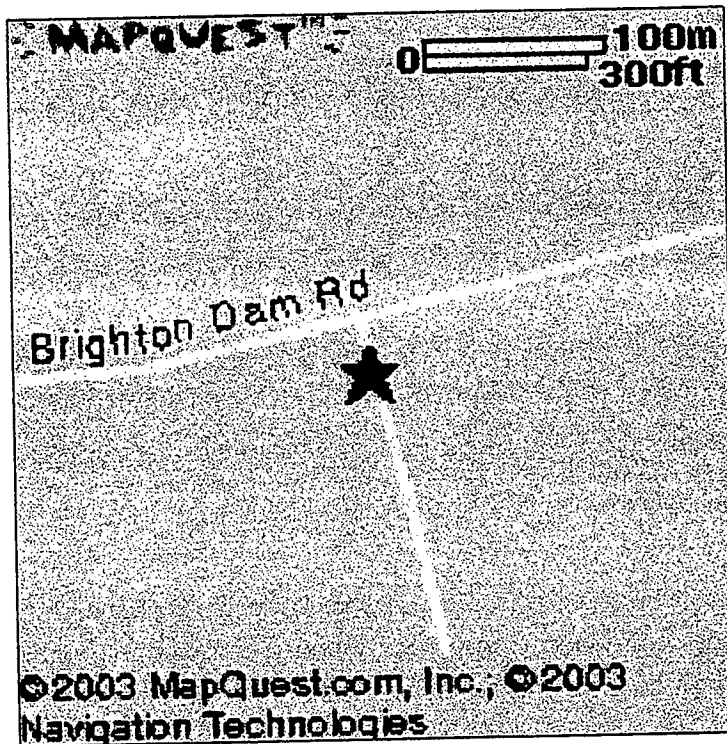
TYPE OF SOIL

TESTED BY

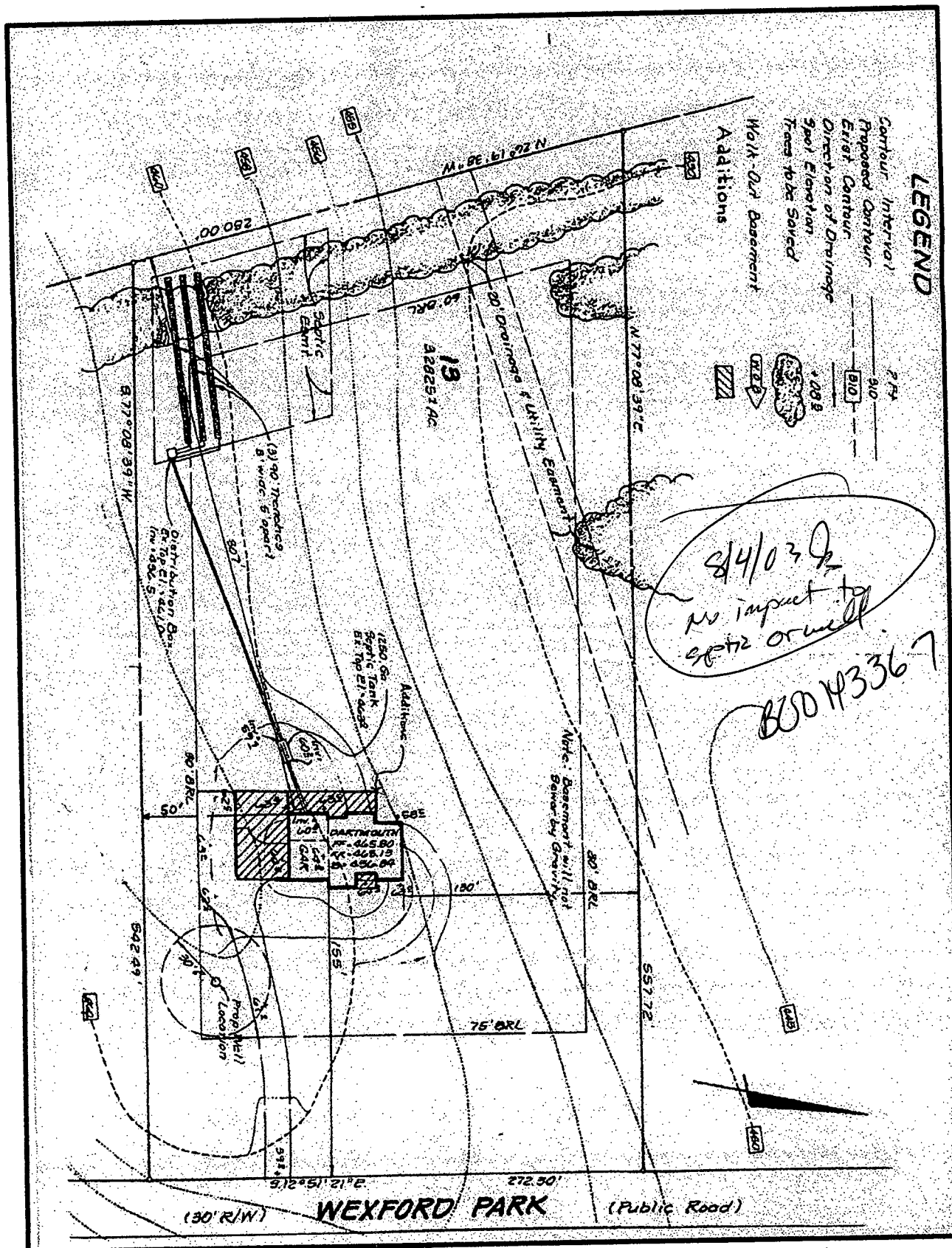
S. Abel

Les, Terry, Skip.
ALSO PRESENT

ALSO PRESENT



LOCATION MAP
NO SCALE



SITE DEVELOPMENT PLAN

